

LONDON AND AREA WOMEN'S SOCCER LEAGUE

CITY CUP

TEAM NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ P.C. _____

PHONE _____ E-MAIL _____

HOME COLOURS _____

HOME GAMES: DAY _____ TIME _____

ALTERNATE: DAY _____ TIME _____

SIGNATURE (Team Official) _____

All entries for the Cup competition must be returned to the league along with the fee of \$_____ before December 31 of each year.

New teams - January 31

LEAGUE USE ONLY:

Date Application Received _____

Receipt No. _____

Other Info. _____